<table>
<thead>
<tr>
<th>ITEM</th>
<th>Adult SP status.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y2A</td>
<td>Begin here on Section Y2 callback.</td>
</tr>
</tbody>
</table>

### These next questions are about this home.
Mark (X) by observation or ask.

1. **Which of the following best describes your home?**
   *Read answer categories.*

   - □ Single home, duplex, townhouse
   - □ Basement, first or second floor apartment or condominium
   - □ Apartment or condominium above second floor
   - □ Trailer/Mobile home
   - □ Other – Specify

2. **Does ANYONE smoke cigarettes, cigars, or pipes ANYWHERE INSIDE this home?**

   - □ Yes (3)
   - □ No (4)
   - □ DK

3. **On the average, about how many days per week is there smoking ANYWHERE INSIDE this home?**

   - □ Less than 1 day per week/Rarely
   - □ __________ Days per week
     (Number)
   - □ DK

4. **How many smoke detectors are installed in this home?**

   - □ Only 1
   - □ __________ Smoke detectors
     (Number)
   - □ None
   - □ DK

5. **Was your home built before 1950?**

   - □ Yes (6)
   - □ No (7)
   - □ DK

6. **Has paint from this home EVER been analyzed for lead content?**

   *Read if necessary: This can be done by sending paint chips to a laboratory for testing, having a measurement by an X-ray fluorescence or XRF machine or having a chemical spot test on the wall.*

   - □ Yes
   - □ No
   - □ DK

7. **Have you ever heard of radon, a gas that is found in the air in some homes?**

   - □ Yes (8)
   - □ No (9)
   - □ DK

8. **Has your household air been tested for the presence of radon?**

   - □ Yes (9)
   - □ No (9)
   - □ DK

9a. **Was the radon level from that test above or below the EPA radon guidelines of 4 picocuries (pi-ko-kurees) per liter?**

   *Read if necessary: What was the radon level from the last test BEFORE any corrective action was taken?*

   - □ Above the EPA guideline (Rb)
   - □ At or below the EPA guideline (Part YB)
   - □ DK results yet
   - □ DK level

9b. **What was the radon level from that test, in picocuries per liter?**

   - □ __________ Picocuries per liter
     (Number)
   - □ DK

10. **Has anything been done in this home to reduce the level of radon exposure?**

    - □ Yes
    - □ No
    - □ DK
### YB - TOBACCO

These next questions are about cigarette smoking.

1. **Have you smoked at least 100 cigarettes in your entire life?**
   - Yes \(\square\) \(2\)
   - No \(\square\) \(8\)
   - DK \(\square\)

   *If asked: approximately 5 packs*

2. **Around this time LAST YEAR, were you smoking cigarettes every day, some days, or not at all?**
   - Every day \(\square\)
   - Some days \(\square\)
   - Not at all \(\square\)
   - DK \(\square\)

3. **Do you NOW smoke cigarettes every day, some days, or not at all?**
   - Every day \(\square\) \(4\)
   - Some days \(\square\) \(6\)
   - Not at all \(\square\) \(8\)

4. **On the average, how many cigarettes do you now smoke a day?**
   - (Number)
   - DK \(\square\)

5. **During the past 12 months, have you quit smoking for one day or longer?**
   - Yes \(\square\)
   - No \(\square\) \(7\)
   - DK \(\square\)

6a. **On how many of the past 30 days did you smoke cigarettes?**
   - None \(\square\) \(7\)
   - (Number) \(\square\) \(6b\)
   - DK \(\square\)

6b. **On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?**
   - (Number) \(\square\)
   - DK \(\square\)

7. **Would you like to completely stop smoking cigarettes?**
   - Yes \(\square\)
   - No \(\square\)
   - DK \(\square\)

8. **Do you use snuff now?**
   - Yes \(\square\)
   - No \(\square\)
   - DK \(\square\)

9. **Do you use chewing tobacco now?**
   - Yes \(\square\)
   - No \(\square\)
   - DK \(\square\)

---

**Notes**
1. Are you NOW trying to lose weight, gain weight, stay about the same, or are you not trying to do anything about your weight?
   - Lose weight (2)
   - Gain weight (YC1)
   - Stay about the same (2)
   - Not trying to do anything (YC1)

2. Are you currently doing any of these things to control your weight?
   - Joined a weight loss program
   - Eating fewer calories
   - Eating special products, such as canned or powdered food supplements
   - Exercising more
   - Fasting for 24 hours or longer
   - Skipping meals
   - Taking diet pills
   - Taking water pills or diuretics
   - Vomiting
   - Eating less fat
   - Something else – Specify
   - Nothing

ITEM YC1
   Refer to HIS-1.
   1. SP was respondent for HIS-1 (Transcribe question 5 from HIS-1, page 20–21, then ask 4a)
   2. SP was not respondent for HIS-1 (3)

3a. About how tall are you without shoes?
   (Feet) (Inches)

b. About how much do you weigh without shoes?
   Read if SP is pregnant: Please give your usual weight before becoming pregnant.
   (Pounds)

4a. How often do you or the person who shops for your food buy items that are labeled "low salt," or "low sodium" – would you say always, often, sometimes, rarely, or never?
   - Always
   - Often
   - Sometimes
   - Rarely
   - Never
   - DK

b. How often do you add salt to your food at the table – would you say always, often, sometimes, rarely, or never? Do not include salt substitutes.
   - Always
   - Often
   - Sometimes
   - Rarely
   - Never
   - DK

5a. When you buy a food item for the first time, how often would you say you read the INGREDIENT list on the package — would you say always, often, sometimes, rarely, or never?
   - Always
   - Often
   - Sometimes
   - Rarely
   - Never
   - DK

b. When you buy a food for the first time, how often would you say you read the information about calories, fat and/or cholesterol content sometimes listed on the label – would you say always, often, sometimes, rarely, or never?
   - Always
   - Often
   - Sometimes
   - Rarely
   - Never
   - DK

ITEM YC2
   Refer to age.
   1. 65+ (6)
   2. Under 65 (Part YD)

6a. Do you have meals delivered to your home by an agency or organization like Meals on Wheels?
   - Yes (Part YD)
   - No (6b)
   - DK

b. Do you NEED to have meals delivered to your home by an agency or organization like Meals on Wheels?
   - Yes
   - No
   - DK
**ITEM YD1**
Refer to "Wa/Wb" boxes in Cl on HIS-I.
1. Wa or Wb box marked (Item YD2)
2. Other (Part YE)

**ITEM YD2**
Refer to 6g on page 44 or 45 on HIS-I.
1. Entry of P, F, S or L (1)
2. Other (Part YE)

---

These next questions are about health and safety in the workplace.

1a. [You told me/I was told] that you were employed during the past two weeks. Is that correct?
   1. Yes (1b)
   2. No
   9. DK

b. Altogether, does your employer have 50 or more employees?
   1. Yes (1c)
   2. No
   9. DK

(c) Does your employer have 50 or more employees at the building or location where you work?
   1. Yes
   2. No
   9. DK

d. How many hours did you work at your main job during the past TWO WEEKS?
   (Number)
   00. Did not work in past 2 weeks (3)

2a. During the past 2 weeks, did you drive or travel in a motor vehicle AS PART OF YOUR JOB? Do not count air travel or time spent traveling to and from work.
   1. Yes (2b)
   2. No
   9. DK

b. Does your employer require you to use vehicle safety devices, such as seat belts, helmets, or other types of protection? Do not count use when traveling to and from your job.
   1. Yes
   2. No
   9. DK

**HAND CARD T1. Read all categories if telephone interview.**

The next few questions are about smoking at work.

3. Which of these best describes the area in which you work most of the time?
   Mark (X) only one.
   1. Work mainly indoors (4)
   2. Work mainly outdoors
   3. Travel to different buildings or sites
   4. In a motor vehicle
   5. Other – Specify
   9. DK

4a. Does your employer have an official policy that restricts smoking in any way?
   1. Yes (4b)
   2. No
   9. DK

**HAND CARD T2. Read all categories if telephone interview.**

b. Which of these best describes your employer's smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms?
   Mark (X) only one.
   1. Not allowed in ANY indoor or common public areas
   2. Allowed in SOME public areas, including designated smoking areas
   3. Allowed in ALL indoor or common public areas
   9. DK

**HAND CARD T3. Read all categories if telephone interview.**

c. Which of these best describes your employer's smoking policy for work areas?
   Mark (X) only one.
   1. Not allowed in ANY work areas
   2. Allowed in SOME work areas
   3. Allowed in ALL work areas
   9. DK

5. Does your employer offer a quit smoking program or any other help to employees who want to quit smoking?
   1. Yes
   2. No
   9. DK
**HAND CARD T4. Read each category if telephone interview.**

### 6a. Which of these exercise programs are made available to you by your employer?

**Anything else?**

**Mark (X) each that applies.**

<table>
<thead>
<tr>
<th>Number</th>
<th>Program</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Walking group</td>
<td>18-20</td>
</tr>
<tr>
<td>02</td>
<td>Jogging/Running group</td>
<td>21-22</td>
</tr>
<tr>
<td>03</td>
<td>Biking/Cycling group</td>
<td>23-24</td>
</tr>
<tr>
<td>04</td>
<td>Aerobics classes</td>
<td>25-26</td>
</tr>
<tr>
<td>05</td>
<td>Swimming classes</td>
<td>27-28</td>
</tr>
<tr>
<td>06</td>
<td>Non-aerobic exercise classes</td>
<td>29-30</td>
</tr>
<tr>
<td>07</td>
<td>Weight lifting classes</td>
<td>31-32</td>
</tr>
<tr>
<td>08</td>
<td>Fully paid membership in health/fitness club</td>
<td>33-34</td>
</tr>
<tr>
<td>09</td>
<td>Partially paid membership in health/fitness club</td>
<td>35-36</td>
</tr>
<tr>
<td>10</td>
<td>Physical activity or exercise competitions</td>
<td>37-38</td>
</tr>
<tr>
<td>98</td>
<td>Other – Specify</td>
<td>39-40</td>
</tr>
</tbody>
</table>

**No programs**

**b. Which of these exercise facilities are made available to you by your employer, on the premises?**

**Anything else?**

**Mark (X) each that applies.**

<table>
<thead>
<tr>
<th>Number</th>
<th>Facility</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Gymnasium/Exercise room</td>
<td>41-42</td>
</tr>
<tr>
<td>02</td>
<td>Weight lifting equipment</td>
<td>43-44</td>
</tr>
<tr>
<td>03</td>
<td>Exercise equipment</td>
<td>45-46</td>
</tr>
<tr>
<td>04</td>
<td>Walking/Jogging path</td>
<td>47-48</td>
</tr>
<tr>
<td>05</td>
<td>Parcours/Fitness trails</td>
<td>49-50</td>
</tr>
<tr>
<td>06</td>
<td>Bike path</td>
<td>51-52</td>
</tr>
<tr>
<td>07</td>
<td>Bike racks</td>
<td>53-54</td>
</tr>
<tr>
<td>08</td>
<td>Swimming pool</td>
<td>55-56</td>
</tr>
<tr>
<td>09</td>
<td>Showers</td>
<td>57-58</td>
</tr>
<tr>
<td>10</td>
<td>Lockers</td>
<td>59-60</td>
</tr>
<tr>
<td>98</td>
<td>Other – Specify</td>
<td>61-62</td>
</tr>
</tbody>
</table>

**No facilities**

**Notes**
These next questions are about certain health conditions.

1. Have you EVER been told by a doctor or other health professional that you had hypertension, sometimes called high blood pressure?
   - Yes (2)
   - No (6)
   - Only during pregnancy (6)
   - DK (3)

2. Were you told two or more DIFFERENT times that you had high blood pressure?
   - Yes (3)
   - No (6)
   - Only during pregnancy (6)
   - DK (3)

3a. Has a doctor or other health professional EVER advised you to go on a diet or change your eating habits to help lower your blood pressure?
   - Yes (3b)
   - No (6)
   - DK (3)

b. Are you NOW following this advice?
   - Yes
   - No
   - DK

4a. Was any medication EVER prescribed by a doctor to help you lower your blood pressure?
   - Yes (4b)
   - No (6)
   - DK (3)

b. Are you NOW taking this medication?
   - Yes
   - No
   - DK

5a. Do you NOW have high blood pressure?
   - Yes (6)
   - No (6)
   - DK (3)

b. Is this condition completely cured or is it under control?
   - Cured
   - Under control
   - DK

6. About how long has it been since you had your blood pressure checked by a doctor or other health professional?
   - Never (8)
   - Days
   - Weeks
   - Months
   - Years

7. At that time, did the doctor or other health professional say your blood pressure was high, low, or normal?
   - Not told
   - High
   - Low
   - Normal
   - Borderline
   - Other – Specify
   - DK

These next questions are about blood cholesterol.

HAND CARD U1.

8. When was the last time you had your blood cholesterol checked by a doctor or other health professional?
   - Never (Part YF on page 66)
   - Less than 1 year ago
   - 1 year, less than 2 years ago
   - 2 years, less than 5 years ago
   - 5+ years ago
   - DK

Notes
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
</table>
| 9a. Has a doctor or other health professional EVER advised you to go on a diet or change your eating habits to lower your cholesterol? | ☐ Yes (9b)  
☐ No  
☐ DK (10) |
| b. Are you NOW following this advice?                                  | ☐ Yes  
☐ No  
☐ DK |
| 10. Have you ever been told by a doctor or other health professional that your blood cholesterol level was high? | ☐ Yes (11)  
☐ No  
☐ DK (Part YF) |
| 11a. Was any medication EVER prescribed by a doctor to help lower your cholesterol level? | ☐ Yes (11b)  
☐ No  
☐ DK (Part YF) |
| b. Are you NOW taking this medication?                                 | ☐ Yes  
☐ No  
☐ DK |

Notes
<table>
<thead>
<tr>
<th>YF - OTHER CHRONIC AND DISABLING CONDITIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you EVER been told by a doctor that you had diabetes? Do not include pre, potential, or borderline diabetes.</td>
</tr>
</tbody>
</table>
|   1. Yes (2)  
   2. No  
   3. DK (5) |
| Ask if female, otherwise go to 4. |
| 2. Were you pregnant when you were first told that you had diabetes? |
|   1. Yes (3)  
   2. No  
   3. DK (4) |
| 3. Other than during pregnancy, did a doctor EVER tell you that you had diabetes? Do not include pre, potential, or borderline diabetes. |
|   1. Yes (4)  
   2. No  
   3. DK (5) |
| 4. Have you ever taken a course or class in how to manage your diabetes yourself? |
|   1. Yes  
   2. No  
   3. DK |
| 5a. Have you ever been told by a doctor that you have asthma? |
|   1. Yes (6b)  
   2. No  
   3. DK (Part YG) |
| b. Have you ever taken a course or class in how to manage your asthma yourself? |
|   1. Yes  
   2. No  
   3. DK |

Notes
The next questions are about prevention of injury and illness.

1a. When driving or riding in the front seat of a car, do you wear a seat belt all or most of the time, some of the time, once in awhile, or never?
   - All or most of the time
   - Some of the time
   - Once in awhile
   - Never
   - Don’t ride in front seat
   - Don’t ride in a car (2)
   - DK (1b)

1b. When riding in the back seat of a car, do you wear a seat belt all or most of the time, some of the time, once in awhile, or never?
   - All or most of the time
   - Some of the time
   - Once in awhile
   - Never
   - Don’t ride in back seat
   - Don’t ride in a car
   - DK

2. About how long has it been since your last routine check-up by a medical doctor or other health professional?
   - Less than 1 year
   - 1 year, less than 2 years
   - 2 years, less than 3 years
   - 3 years, less than 4 years
   - 4+ years
   - Never
   - DK

3. During this last check-up, were you asked about –
   - Your diet and eating habits?
   - The amount of physical activity or exercise you get?
   - Whether you smoke cigarettes or use other forms of tobacco?
   - How much and how often you drink alcohol?
   - Whether you use marijuana, cocaine, or other drugs?
   - Sexually transmitted diseases?
   - Ask ONLY IF SP is less than 50 otherwise, skip to 4.
   - The use of contraceptives?
   - Your blood pressure checked?
   - Your cholesterol level checked?
   - Your height checked?
   - Your weight checked?
   - A vision test to see how well you see?
   - A hearing test?
   - A urine test?
   - A blood test to check your thyroid function?
   - A stool test to check for blood in the stool?

Notes
6. During the past 12 months, have you had a flu shot?  
   - Yes  
   - No  
   - DK  

   *Read if necessary: This vaccination is usually given in the fall and protects against influenza for the flu season.*  

7. Have you EVER had a pneumonia vaccination? This shot is given only once in a person’s lifetime.  
   - Yes  
   - No  
   - DK  

8. During the past TEN years, have you had a tetanus shot?  
   - Yes  
   - No  
   - DK  

**ITEM YG2**  
Refer to sex.  
   - Male (Part YH)  
   - Female (9)  

9. About how long has it been since you had a Pap smear test? Was it within the past year, between 1 and 3 years ago, or over 3 years ago?  
   - Never had a Pap smear test  
   - Within the past year  
   - 1 to 3 years ago  
   - Over 3 years ago  
   - DK  

   *Read if necessary: A Pap smear is a routine gynecologic test in which the doctor examines the cervix and sends a cell sample to the lab.*  

10. Have you had a hysterectomy?  
   - Yes  
   - No  

**ITEM YG3**  
Refer to age.  
   - Under 30 (Part YH)  
   - 30 and over (11)  

11. A mammogram is an x-ray taken only of the breasts by a machine that presses the breast against a plate.  
   About how long has it been since you had a mammogram? Was it within the past year, between 1 and 2 years ago, or over 2 years ago?  
   - Never had a mammogram  
   - Within the past year  
   - 1 to 2 years ago  
   - Over 2 years ago  
   - DK  

   *A breast physical exam is when the breast is felt for lumps by a doctor or medical assistant.*  

12. About how long has it been since you had a breast physical exam done by a doctor or other health care professional? Was it within the past year, 1 to 2 years ago, or over 2 years ago?  
   - Never had a breast physical exam  
   - Within the past year  
   - 1 to 2 years ago  
   - Over 2 years ago  
   - DK  

Notes
These next questions are about stress.

1a. During the past 2 weeks, would you say that you experienced a lot of stress, a moderate amount of stress, relatively little stress, or almost no stress at all?

   1. A lot
   2. Moderate
   3. Relatively little
   4. Almost none
   5. DK what stress is (3a)
   6. DK (1b)

1b. During the past YEAR, would you say that you experienced a lot of stress, a moderate amount of stress, relatively little stress, or almost no stress at all?

   1. A lot
   2. Moderate
   3. Relatively little
   4. Almost none
   5. DK

2. In the past YEAR, how much effect has stress had on your health - a lot, some, hardly any, or none?

   1. A lot
   2. Some
   3. Hardly any or none
   4. DK

3a. In the past year, did you think about seeking help from family or friends for any personal or emotional problems?

   1. Yes
   2. No
   3. DK

3b. In the past year, did you think about seeking help from a therapist, counselor or self-help group for any personal or emotional problems?

   1. Yes
   2. No
   3. DK

ITEM YH1

Refer to 3a and b.

1. "No" in 3a and 3b (Part YJ)
2. Other (4)

4. Did you actually seek any help?

   1. Yes
   2. No
   3. DK

Notes
### YJ - ORAL HEALTH

**1.** During the past 12 months, that is, since (12-month date) a year ago, about how many visits did you make to a dentist?

| (Number)          | 00 | None |

**2.** Have you lost ALL of your UPPER natural teeth?

| Yes | No |

**3.** Have you lost ALL of your LOWER natural teeth?

| Yes | No |

**4.** Would you say your health in general is excellent, very good, good, fair, or poor?

| Excellent | Very good | Good | Fair | Poor |

**ITEM YJ1**

*About how often did the respondent appear to answer the questions in Year 2000 Objectives (YA-YJ) accurately?*

| All the time | Most of the time | Some of the time | Rarely or never | DK |

**ITEM YJ2**

*About how often did the respondent appear to answer the questions in Year 2000 Objectives (YA-YJ) honestly?*

| All the time | Most of the time | Some of the time | Rarely or never | DK |

**CONTINUE WITH SECTION AI**

Notes
CARD FR11
1. Less than $500
2. $500 - $999
3. $1,000 - $1,999
4. $2,000 or more

CARD S1
01. Joined a weight loss program
02. Eating fewer calories
03. Eating special products, such as canned or powdered food supplements
04. Exercising more
05. Fasting for 24 hours or longer
06. Skipping meals
07. Taking diet pills
08. Taking laxatives
09. Taking water pills or diuretics
10. Vomiting
11. Eating less fat
98. Something else (Specify)
00. Nothing

CARD T1
1. Work mainly indoors
2. Work mainly outdoors
3. Travel to different buildings or sites
4. In a motor vehicle
8. Other (Specify)

CARD T2
1. Not allowed in ANY indoor or common public areas
2. Allowed in SOME public areas, including designated smoking areas
3. Allowed in ALL indoor or common public areas
CARD T3
1. Not allowed in ANY work areas
2. Allowed in SOME work areas
3. Allowed in ALL work areas

CARD T4
01. Walking group
02. Jogging/Running group
03. Biking/Cycling group
04. Aerobics classes
05. Swimming classes
06. Non-aerobic exercise classes
07. Weight lifting classes
08. Fully paid membership in health/fitness club
09. Partially paid membership in health/fitness club
10. Physical activity or exercise competitions
98. Other (Specify)
00. No Programs

CARD T5
01. Gymnasium/Exercise room
02. Weight lifting equipment
03. Exercise equipment
04. Walking/Jogging path
05. Parcours/Fitness trails
06. Bike path
07. Bike racks
08. Swimming pool
09. Showers
10. Lockers
98. Other (Specify)
00. No facilities

CARD U1
0. Never
1. Less than 1 year ago
2. 1 year, less than 2 years ago
3. 2 years, less than 5 years ago
4. 5+ years ago